

Isle of Man Education Authority

ANNUAL REPORT

of the

Principal


School Medical Officer

1963

S. V. CULLEN, M.B., Ch.B., D.C.H.

Principal School Medical Officer

Printed by Victoria Press Limited
Martins Bank Chambers
45 Victoria Street, Douglas, I.O.M.



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School Health Report

TO THE CHAIRMAN AND MEMBERS OF THE ISLE OF MAN
EDUCATION AUTHORITY

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to submit my report on the work of the School Health Service during the year ended 31st December, 1963.

There were some changes in the staffing of the medical and dental departments. Mrs. L. Bridson, Medical Clerk, and Mrs. I. E. Pendlebury, Dental Attendant, resigned during the year because of family reasons. They were succeeded by Miss P. A. Craine in the medical department and Mrs. Q. King in the dental department. Mr. R. D. Tinker, part-time School Dental Officer, resigned on June 28th and was succeeded by Mr. W. H. Carling who had then recently come to reside in the Island and who commenced duty in September on a part-time sessional basis.

The fullest co-operation has once again been received from the Director of Education, Mr. H. C. Wilkinson, and his staff and from the Head Teachers and their staffs. Their willing help is acknowledged with gratitude. Thanks go also to the Medical Practitioners and hospital staffs for their invaluable help.

It is once again a pleasure to record my appreciation of the work of the staff of the School Health Service. In particular, Dr. K. M. Vernon has given devoted service and unstinted assistance.

Finally, I am grateful to you for your support and interest and to the Chairman and members of the Medical Committee especially for their help and consideration during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

S. V. CULLEN,
Principal School Medical Officer.

Isle of Man Education Authority

SCHOOL HEALTH SERVICE

Report for the Year 1963

STAFF

FULL TIME.

Principal School Medical Officer :	S. V. Cullen, M.B., Ch.B., D.C.H.
School Nurses :	Mrs. E. H. Speedie, S.R.N., S.C.M., R.M.P.A., H.V. Mrs. H. Parry, S.R.N. Mrs. H. Regan, S.R.N., R.F.N., S.C.M., H.V. Mrs. C. M. Palmer, S.R.N.
Principal School Dental Officer :	Kathleen E. Smith, B.D.S. Hons., L.D.S.
School Dental Officers :	H. D. Jones, L.D.S. T. R. Hoggins, L.D.S.
Dental Attendants :	Miss D. M. Crellin. Mrs. I. E. Pendlebury. (Resigned 28/9/63). Miss H. M. Costain. Mrs. Q. King. (From 30/9/63).
Clerks to the Medical Department :	Miss V. Devereau. Mrs. L. Bridson. (Resigned 5/4/63). Miss K. M. Fozard. Miss P. A. Craine. (From 1/4/63).

PART TIME.

School Medical Officer :	Kathleen M. Vernon, B.Sc., M.B., Ch.B.
School Dental Officers :	J. C. Curphey, L.D.S., R.C.S. (Eng). C. D. Roe, L.D.S., R.C.S. (Irel.). R. D. Tinker, L.D.S. (Resigned 28/6/63). W. H. Carling, L.D.S. Liverpool, L.D.S., R.C.S. (Eng.). (From 30/9/63).
Dental Attendant :	Mrs. P. M. Quirk.
Speech Therapist :	Mrs. V. M. Kenyon, L.C.S.T.

CONSULTANTS.

Aural Surgeon :	W. M. Owen, F.R.C.S., D.L.O.
Ophthalmic Surgeon :	Dorothy Barton, M.B., Ch.B., D.O.M.S.
Orthopædic Surgeon :	H. G. Almond, M.Ch. (Orth.), F.R.C.S.
Radiologist :	B. B. Harrison, M.B., Ch.B., M.Rad., D.M.R.D.

PHYSIOTHERAPIST :	Miss R. A. Pycraft, M.C.S.P.
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PRELIMINARY

With the changing pattern of disease in children, the problems which now confront the School Health Service are very different from those of a few decades ago but it continues to be responsible for the medical and dental supervision of all school children and of ensuring that those children in need of treatment receive it either through the School Health Service or the General Practitioner or Hospital Services.

In the early days tuberculosis, rickets and rheumatic fever were responsible for the early deaths or permanent disablement of children. Some infectious diseases are now under control and the virulence of others is so reduced that they have ceased to be a menace. This change has, however, given prominence to other conditions such as respiratory diseases, e.g., asthma; behaviour disorders, impaired hearing and speech defects.

Whilst the main aim of the service is the continuous medical supervision of all children, the preventive side of the work is still of vital importance and this can only be carried out adequately by co-operating with other branches of the health service, for example, in the immunisation and vaccination programmes against diphtheria, poliomyelitis, and tuberculosis.

Children with mental or physical handicaps or both continue to present the biggest problems and the question of their ascertainment and supervision from an early age is a matter of vital concern. Of equal importance is their future after leaving school. Where possible children with handicaps, whether mental or physical, are educated in ordinary schools but in some cases where the disability is so severe that attendance at an ordinary school is impracticable, admission to residential schools is arranged. At these schools the children are educated with due regard to their disability and they are also given specialised training to fit them for employment after leaving school. Unfortunately, of the pupils who left special schools during 1963 and returned to the Island, none was in any form of employment at the end of the year although one boy had been promised employment in 1964. This question of the employment of handicapped children was raised in the report of last year and it is encouraging to note that the Education Authority proposes to appoint a Youth Employment Officer. As the more severely handicapped are recommended for admission to the Disabled Persons Register, employers of labour should be encouraged to take their quota of disabled persons on their staffs.

While the incidence of infectious diseases has declined over the past ten to fifteen years, the accident rate amongst school children has increased. Although no child of school age was killed on the roads in the Isle of Man during 1963, a number of road accidents involved school children. A large proportion of these were children on bicycles and in many cases carelessness on the part of the child was the main cause. Road Safety talks are given by teachers and schools are visited by police officers who give similar talks and also examine and test bicycles. It is of the utmost importance for the parent of every young cyclist to arrange for his child to be properly trained. Not all accidents, however, occur on the roads and those which take place in the home must not be overlooked. The majority of these

occur in the younger children and most are preventable. The education of all children in the prevention of home accidents would do much to lower the incidence and perhaps this could be incorporated in the Road Safety talks.

The Principal School Dental Officer has referred in her report to the very satisfactory staffing position which exists at present in the Dental Department. Three full-time officers with the assistance of the part-time staff have ensured that more children have received treatment than in the previous year. What is more significant is that more permanent teeth are being saved by conservative treatment and fewer are being extracted. The improvement in oral hygiene is a reflection of the dental health education programme carried out by the Dental Officers and the teaching staffs. Fluoridation of public water supplies which is now being carried out by several authorities would no doubt help even further in the reduction of dental decay in children.

Every effort is made by the Staff of the School Health Service in collaboration with other interested parties to effect an improvement in the living conditions of children from problem homes. Parental apathy continues to be the major cause of the unsatisfactory condition of many of these children but in other cases inadequate and poor housing conditions play a very great part. Much work goes on behind the scenes in an effort to rehabilitate these families and it is only in the last resort when all other means have failed that it is necessary to have recourse to prosecution.

The age of entry of children into school has been under discussion recently by various interested bodies and the suggestion has been made that it should be higher than its present level of five years. Whether the reasons for the suggestion are political or economic has not been stated, but no evidence of undue strain has been noted on medical examination of children who have been admitted to school at the age of five. Discussions with parents and head teachers have confirmed that five-year-old children adapt themselves very quickly to the routine in infants' schools. Far from their being any evidence of strain, it is sometimes difficult to persuade some of the younger children that schools are not open on Saturdays.

The School Health Service concentrates on the changing needs of children but is also very conscious of the necessity for collaboration with other branches of the health and welfare services and it is of interest to note that increasing use is being made of the service by both parents and children.

SCHOOL ACCOMMODATION AND HYGIENE

I am indebted to the Works Inspector for the following report:—

“During the year 1963 the following schools and buildings were painted externally, either by contract or direct labour:—

Boys High School, St. Ninian's, Girls High School, Park Road, Peel, Rushen Primary, Victoria Road, St. Jude's, Foxdale, Marown, Ballasalla, St. John's School House and Murray's Road Clinic.

The following schools and buildings were partially or wholly painted internally:—

Ballakermeen, Boys High School (kitchens), Murray's Road Clinic, Girls High School, Park Road, College of Further Education, Hanover Street Section, College of Further Education, Kensington Road Section, College of Domestic Science.

Oil burner installations were carried out at the following schools:—

Dhoon School, Maughold, Andreas, St. John's, Foxdale and Kewaigue.

Heating improvements were carried out at Ramsey Grammar School, Andreas, St. Jude's, Kewaigue and Demesne Road Schools.

Sanitary improvements were carried out at Albert Road School.

Macadamizing of playgrounds was carried out at Peel, St. Maughold's and Castle Rushen High School.

Hot water was supplied to St. Maughold's School.

A small amount of furnishing was supplied during the year, e.g. tables at Rushen Primary School, but this was restricted on instructions from the Board of Education."

MEDICAL INSPECTION

Arrangements made for the medical inspection of school children continued as in previous years. Pupils were examined as soon as possible after their admission to Infants' Schools, at the ages of eight and twelve years, and during their fifteenth year. Parents are notified of these examinations and receive an invitation to be present so that a full discussion on the health of the individual child may take place. In the younger age groups practically all the parents are present at the periodic examinations but the attendance of parents tends to decline in the older groups. 58% of the parents of children examined in the periodic age groups were present at the examination.

In addition, children are examined in school as re-inspections or special cases. Re-inspection is a follow-up examination for a child who at a previous examination had some defect requiring treatment or observation. Special cases are those brought to the notice of the Medical Officers by parents, teachers or nurses. These examinations are considered most important and as every school is visited by a Medical Officer at regular intervals, close medical supervision of pupils who require it is maintained. The total number of routine or periodic examinations was slightly less than in the previous year but the number of special inspections (465) and re-inspections, which totalled 4,446, showed an increase.

The total number of all children found to require treatment was 308 or 13.5%. Visual defects continue to form a large proportion of the defects found. This is without doubt due to their earlier detection because of the more frequent testing of vision amongst the younger children who are often referred because of their failure to progress in school.

PHYSICAL CONDITION

Out of a total of 2,281 children examined in the periodic age groups, no child was classified as of unsatisfactory physical condition. The average heights and weights of the children examined were as follows:—

Year of Birth	Number examined		Height in inches		Weight in pounds				
	Boys	Girls	Boys	Girls	Boys	Girls			
1958	...	244	271	...	43.004	42.528	...	43.674	42.362
1957	...	36	41	...	43.944	42.524	...	45.25	43.805
1955	...	252	221	...	49.907	49.665	...	58.807	57.622
1954	...	40	29	...	51.1	50.362	...	62.362	61.19
1951	...	280	277	...	57.389	58.834	...	86.268	80.233
1950	...	11	10	...	58.227	60.4	...	91.454	92.7
1948	...	257	227	...	65.593	63.117	...	122.933	122.725

Although malnutrition amongst school children has ceased to be a problem, the small number who are fat and overweight shows no evidence of decreasing.

MINOR AILMENTS

5,012 children made 8,681 attendances at the various Minor Ailments Clinics. Minor skin and eye conditions continue to form the bulk of complaints dealt with. It is interesting to note, however, that there were no cases of scabies and very few of impetigo.

Daily clinics are held at the central clinic at Murray's Road and when possible at Ballakermeen School. Ramsey, Castletown, Peel, and Laxey clinics are visited regularly but at less frequent intervals.

UNCLEANLINESS

The School Nurses carried out 32,946 examinations of children for cleanliness. 6,825 individual children were examined and of these 150 or 2.19% had some degree of infestation. This figure is an increase on 1962 of .64% and the highest percentage since 1959. In spite of the larger number of examinations made, the fact that the percentage of children infested has increased, indicates the necessity for the continued efforts and constant supervision by the school nurses until a more satisfactory result can be achieved. There is no doubt that temporary residents from areas outside the Island are in part responsible for the introduction of fresh infestation. 113 home visits were made by the Nurses during the year and head shampoo continued to be available at the clinics.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE

The children's Ophthalmic Clinics continued to be held in the Eye Department at Noble's Hospital where patients were seen by Dr. Dorothy Barton, Consultant Ophthalmologist. 459 children of whom 82 were below school age were examined, the total number of examinations made being 749. In addition, ten children for various reasons were examined at Adult Clinics.

200 pairs of glasses were prescribed for school and pre-school children by the Eye Specialist.

15 school children and eight pre-school children were referred to St. Paul's Eye Hospital for operation, most of them for the correction of squint.

29 children, seven of whom were below school age were admitted to St. Paul's for operation as a routine measure and two children were admitted as emergency cases, one following an injury to the eye. One child was admitted to Manchester Royal Eye Hospital for a special form of treatment which was in fact not carried out as it was felt that the child was not a suitable subject for that particular form of treatment. Three children had minor operations performed on them by Mrs. Barton at Noble's Hospital.

In addition to the examinations carried out by Mrs. Barton, 325 children attending school were refracted by the Principal School Medical Officer at clinics in Douglas and Ramsey and had 122 pairs of glasses prescribed.

Eye conditions of a minor nature treated by the School Nurses at the Minor Ailments Clinics numbered 391.

Practically all of the children of pre-school age referred for eye examination were suffering from squint and all but one of the routine operation cases were corrections of squint which had failed to respond to conservative treatment.

The staff at St. Paul's Eye Hospital continued to co-operate most willingly so that the waiting time for admission there was reduced to the minimum.

I am indebted to Mrs. Barton for the following report:—

“During this year the Ophthalmic Service has been improved by the appointment as Consultant Surgeon of Mr. Huon Gray, F.R.C.S., of St. Paul's Eye Hospital, Liverpool, who now takes personal charge of all the operation cases, and I should like to take this opportunity to say how much I welcome this appointment.

The parents have continued to co-operate splendidly with the service, and although it must be extremely difficult for many of them to arrange to come, there have been virtually no absentees.

105 new cases have been seen during the year, of which 34 were pre-school children. I welcome the increasing tendency to refer young children as soon as squints are noticed, as this is the age when there is most hope of a complete cure. 62 cases of squint in pre-school children are under regular treatment which, if persevered with, frequently results in restoration of full vision to an eye which had become virtually useless.

I have enjoyed the assistance of the School Nurses, who know the children and are the greatest help in dealing with them.”

EAR, NOSE AND THROAT DEFECTS

Children found to be suffering from these defects are referred to Mr. W. Mervyn Owen, Consultant Ear, Nose and Throat Surgeon. The consultation sessions are held at the School Clinic in Douglas and the children attend by appointment. Those who are found to require treatment by operation are admitted to Noble's Hospital when beds are available.

Mr. Owen held 11 consultation sessions at the School Clinic and 12 operation sessions at Noble's Hospital. 130 school children and 17 pre-school children were examined and the total number of examinations made was 192. In addition, 56 children were examined at Noble's Hospital following operations. 63 children of whom six were below school age were operated upon by Mr. Owen at Noble's Hospital:

47 for removal of tonsils and/or adenoids, and
16 had other operations on the ear, nose, or throat.

In addition, two boys were admitted during the year to Clatterbridge Hospital for mastoid operations by Mr. Owen. Two children had minor operations at Noble's Hospital without the necessity for their admission as in-patients. Eight school children were referred for specialised hearing tests by the Audiometrician at Noble's Hospital and three children with defects of hearing were provided with hearing aids. 157 aural and 72 nasal conditions of a minor nature were treated by the School Nurses at the Minor Ailments Clinics.

Although more children were operated upon by Mr. Owen in 1963 than in the previous year, the difficulty in obtaining an adequate number of beds created difficulties with the waiting list as although 63 children had operations, 78 were referred for operation. This point is raised by Mr. Owen to whom I am grateful for the following report:

"The numbers of children attending the consultative clinics were up to the usual averages. Attendances at the clinic were also up to their usual high standard.

The waiting-time for operation is rather long. This results from the occasional difficulty in obtaining beds at Noble's Hospital.

The problem of impaired hearing in children has been the subject of comment in previous years. A condition which has recently come to the fore as a frequent cause of deafness is Secretory Otitis. In the past decade, it has come to be recognised as a major cause of deafness in children. It is by no means the only cause but its recognition is of extreme importance as treatment of the condition, which is mainly surgical, is particularly rewarding in its results.

Finally, I wish to pay tribute to the Medical, Nursing, and Clerical Staff of the School Health Service, all of whom have contributed to the smooth and efficient running of clinics."

TUBERCULOSIS AND CHEST CONDITIONS

Reports on 64 school children and nine pre-school children were received from the Chest Clinic and the co-operation of the Tuberculosis Officers and their staff in sending reports on the children examined by them is very much appreciated.

No child was notified during the year as suffering from any form of tuberculosis.

27 candidates for admission to Teachers Training Colleges were X-rayed and found to be free from disease of the lungs and one candidate recently admitted to the teaching profession was also X-rayed and was found to be free from lung disease.

Although tuberculosis has ceased to be a major problem in schools, the Chief Medical Officer of the Ministry of Education has emphasized in his report: “. . . in the interest of safeguarding the health of school children it is necessary to insist on a chest X-ray of all new entrants to the teaching profession.”

In addition to respiratory disease, children with heart conditions are examined and supervised at the Chest Clinics and reports received on their progress are of invaluable help to the staff of the School Health Service in advising the teaching staffs on the amount of physical activity which may be undertaken by the affected children.

361 children were vaccinated in school with B.C.G. vaccine against tuberculosis after having been given a preliminary tuberculin skin test. B.C.G. vaccination continues to be offered to children in their fourteenth year and parents are urged to take advantage of this offer.

SCHOOL DENTAL SERVICE

I am obliged to Mrs. K. E. Smith, Principal School Dental Officer, for the following report on the work of the School Dental Service:—

“Once again there have been staff changes during the year. These have already been referred to on Page 3 of the main report.

5,829 children were inspected by the School Dental Officers during their visits to the schools. 778 of these children were inspected twice at school giving a total of 6,607 inspections carried out in 55 sessions. Of the children inspected, 4,862 were found to require treatment and from this number 3,379 accepted school treatment. The number of children who received treatment was 3,320 and among them they made 12,063 attendances for treatment, a round average of four attendances for every child. There is always, unfortunately, a small hard core of patients who, although signing for school treatment, steadfastly fail to attend when sent appointments.

By a strange coincidence, the number of special cases (or casual visits through accidents, toothache, etc.) is precisely the same total as that of the previous year, 1,059. There was an increase in the number of pre-school children attending for treatment to a total of 221.

The amount of conservative treatment shows a considerable increase on 1962 in both permanent and temporary teeth: 6,130 permanent teeth and 681 temporary teeth were filled. There was also a slight decrease in the number of permanent teeth extracted—the total being 936—whilst the number of temporary teeth extracted, 3,698, showed a slight increase. 997 general anaesthetics were administered.

A total of 97 orthodontic patients were treated, 54 from 1962 and 43 new patients. Of these, 54 patients completed their treatment and nine cases were discontinued owing to lack of interest by and co-operation from the patients. 62 orthodontic appliances were fitted and this necessitated 882 attendances for supervision and adjustments to the appliances.

Under the heading of 'other operations' are included all the other treatments carried out during the year apart from those itemized specifically, and they amounted to a total of 12,561.

Over the last ten years the number of fillings in permanent teeth has shown a steady annual increase, until in 1963 we have reached a new 'high' of 6,310. Conversely, the number of permanent teeth extracted has gradually decreased over the past five years until in 1963 we reached a new 'low' of 936. However, it seems likely that this last figure will not vary much whilst mouths are overcrowded and require relieving by extraction. This favourable state of affairs is entirely due to full staffing enabling us to keep routine treatment working to its best advantage and to the conscientious work carried out by the staff."

ORTHOPAEDICS

The Education Authority scheme for orthopaedic treatment has been in existence since 1930 and whilst it is now unusual to see children with gross physical defects, the orthopaedic clinic continues to exercise a valuable function in the treatment of less serious conditions which although apparently minor in childhood may give rise, if untreated, to major disabilities in later life for which treatment is then of no value. Many of these conditions are comparatively symptomless and it is only by frequent and periodic medical examinations by School Medical Officers that they are discovered and referred for specialist treatment.

Mr. H. G. Almond, the Consultant Orthopaedic Surgeon, made 11 visits to the Authority's School Clinics which are held in Castletown, Ramsey, and Douglas. 307 children, of whom 75 were under school age were examined, the total number of examinations being 631. Six domiciliary visits were made to a patient who was unable to attend the ordinary clinics. The excellent attendance of children and their parents is to be particularly noted as more than 90% of children attended when first summoned to the clinic.

12 children were operated upon by Mr. Almond at Noble's Hospital, all of them being of school age. Half of these operations were for the correction of deformities of the feet or toes. In addition, one boy was admitted to Broadgreen Hospital, Liverpool, for operation and another boy was referred to Professor Roaf, Professor of Orthopaedic Surgery at Liverpool University, for treatment of a back deformity.

Miss Pycraft, physiotherapist at the After-Care Clinics, treated 118 individual children and 1,816 treatments were given. Children admitted to Noble's Hospital were also given treatment.

Mr. Almond in his report states:

"The orthopaedic clinics have been held as usual during the year, and the attendance of the children and their parents has been most gratifyingly high. It is obvious that the segregation of the children from the hospital out-patients is justifiable. The regular checking of children's deformities is most important, and the parents appreciate that the organisation is especially for the children and that they are seen without delay."

MILK AND SCHOOL MEALS

I am obliged to the Organiser of School Meals for the following report:—

"The School Meals Service provides an adequate and varied diet for approximately 2,500 children daily covering the Island's schools. The nutritional value of a properly prepared mid-day meal, at a small cost is generally appreciated. Consideration is given, where possible, to those children requiring special diets. Fresh fruit is given regularly and is enjoyed by the children.

Alterations have been carried out at Rushen Primary School where all new cooking equipment and a stainless steel sink unit with sterilizer has been installed. New coloured formica topped tables in the dining room have been appreciated by the children.

A stainless steel sink unit with sterilizer has also been installed at Laxey School. Similar improvements are proposed for other centres next year.

The following is a list of School Meals Centres and shows the number of meals served on 1st October, 1963:—

High School for Boys, St. Ninian's Section, serving:—	
Braddan, Onchan, Kewagie and the College of Further Education	378
High School for Girls, Park Road Section	217
Ballakermeen Section	271
Laxey School, serving Dhoon School	112
Peel Clothworkers' School, serving Patrick, Foxdale, St. John's and Marown	220
Ramsey Grammar School, Senior Department	167
Ramsey Grammar School, Junior Department	148
Albert Road Meals Centre, serving Albert Road, St. Maughold's, Bride, Andreas, Ballaugh, St. Jude's, Dhoor, Sulby and Kirk Michael	316
Victoria Road School, serving Santon and Ballasalla	140
Castle Rushen High School	366
Rushen Primary School, serving Arbory School	167
	<hr/>
	2,502 "
	<hr/>

Milk

Approximately 1,960 third-of-a-pint bottles of T.T. or Pasteurized milk were delivered daily to schools in all parts of the Island and about 639 of these were supplied to children free of charge.

PHYSICAL EDUCATION

I am grateful to the Organiser of Physical Education for the following report:—

“Physical Education in all schools, both Secondary and Primary, has its place on the Time Table and is planned to encourage each boy and girl to enjoy and take an active part in sport, to develop and maintain a high standard of physical fitness and sportsmanship. Challenging activities are provided in our Secondary Schools, and in our Primary Schools basic training in Running, Jumping, Climbing, Ball Handling, Dancing, etc., prepare the children to meet these challenges.

Head Teachers, ably supported by their assistants, realise the importance of a daily lesson, of visiting other schools for friendly games of Football and Junior Netball, running their own Sports Days, and joining in District Sports Days. Portable apparatus and other small equipment has been supplied to many schools. The equipment is appreciated, well used and cared for and much enjoyed by the children.

Gymnasia and Portable Apparatus have been inspected for safety purposes by specialist contractors.

Inter-School Games, Athletics, Swimming Galas, are keenly contested in the Secondary Schools.

The Works Department has re-surfaced several asphalt areas, however there are still several school playgrounds with poor and possibly dangerous surfaces. This department has made improvements for the storage of equipment.

The Swimming Baths at Ballakermeen are used to full capacity by the children at Ballakermeen during the day time and at night by youth clubs and organisations. The girls in their first year at Ballakermeen work for their first certificate, i.e. two widths Breast Stroke, one width Back Stroke, jump in and swim across bath, push and glide half way across bath; and at the end of the first year girls unable to swim when entering the school compete for the Chuter Ede Cup, i.e. one length Breast Stroke and Back Stroke good style. The following analysis of first year swimmers is of interest:—

Of 170 pupils on roll, 126 First Certificates were obtained, 38 pupils were not up to standard for certificates but were able to swim, four were non-swimmers, and two were medically exempted which is a very creditable record.

Our Swimming Instructors are to be congratulated on this result.

Thanks are due to Head Teachers and their Staffs, the Groundsmen, Works Department, Caretakers, School Meals Service and Office Staff for their help on all occasions and for their advice and co-operation."

INFECTIOUS DISEASES

The following infectious diseases were notified by the schools:—

Measles	93
Whooping Cough	23
Chickenpox	121
Mumps	76
German Measles	387
Scarlet Fever	3

Compared with 1962 there was a marked reduction in the incidence of measles and whooping cough. There were also fewer cases of chicken-pox but German measles notifications showed a sharp increase.

Once again there were no cases of diphtheria or poliomyelitis occurring amongst school children and the importance of maintaining protection against these diseases by adequate immunisation cannot be too strongly emphasized.

SPECIAL MEDICAL EXAMINATIONS

In accordance with Education Authority Bye-Laws, children of thirteen years and over may undertake part-time employment of a specified nature during certain times outside school hours provided they are physically fit. 100 children were examined during 1963 and of these one was certified as unfit as it was felt that to undertake part-time employment at his age would have an adverse effect upon his health.

35 candidates for admission to Teachers Training Colleges were found on examination to be fit.

14 children, three of whom were below school age, were examined prior to dental treatment under general anaesthesia and 112 examinations of 46 pupils boarded out by the Education Authority were also made. 32 special inspections and 16 special re-inspections were carried out on pre-school children with various conditions.

Other examinations included three for admission to superannuation schemes, three for admission to special schools, and one at the request of the Welfare Officer.

HANDICAPPED PUPILS

Blind Children

One boy remained in attendance at a residential school for the blind in Liverpool and continued to make good progress.

Partially Sighted Children

14 children in attendance at ordinary schools were noted as partially sighted. Six children of pre-school age were also classed as partially sighted.

Supervision of two children with advanced myopia was continued in case their classification should need to be modified.

One boy who reached school leaving age during the year was recommended for admission to the Disabled Persons Register.

After consultation with the Head Teacher of the School for the Blind in Liverpool, it was agreed to withdraw from the waiting list the name of a boy who had been recommended for admission.

Deaf Children

One boy remained in attendance at the Royal Residential Schools for the Deaf in Manchester. A child under school age who had been in residence at Wainwright House Nursery School and who is now in attendance at a private school in Douglas continued under observation and treatment and arrangements for her re-admission to the school in Manchester are under consideration.

Partially Hearing Children

One boy in attendance at a residential school for backward deaf boys in Yorkshire left school at the end of the year. He was recommended for admission to the Disabled Persons Register and was expected to obtain employment on his return to the Island.

Three children were provided with hearing aids during the year and eight others, four of whom had previously been supplied with hearing aids, were registered as partially deaf. All were able to attend ordinary schools and were well able to cope with normal education. Two of these children left school in 1963.

Epileptics

23 children attending ordinary schools were known to suffer from epilepsy. One of these children left school during the year. Two children of pre-school age were noted as suffering from epilepsy.

Mentally Handicapped Children

18 children classified as severely sub-normal were considered unfitted for education in school. Some of these children are handicapped physically as well as mentally.

Six children more suitable for training than for education attended ordinary schools. The name of one of these children was removed from the school register at the end of the year.

13 pre-school children have already been noted as unlikely to benefit from ordinary or special education and likely to be more suitable for attendance at a Training Centre. Where possible, these children will be given a trial at an ordinary school first.

At the end of 1963, 89 children classified as educationally sub-normal were in special classes at schools on the Island. Eight of these children left school during the year.

Two boys were resident at a school for educationally sub-normal children on the Mainland and one boy was admitted during the year.

Maladjusted Children

17 children were noted as maladjusted. One of these remained in residence at Ballamona Hospital for treatment but continued to attend ordinary school. Two of these children left school and one left the Island during the year. One child improved to such an extent that he was no longer regarded as maladjusted.

Speech Defects

Mrs. Kenyon, the Speech Therapist, has reported as follows:—

“Throughout the past year there have been two morning clinics every week. Forty children have attended the clinic during this time, thirty of whom have been receiving regular treatment.

The average weekly attendance is 18.

With very few exceptions the parents are most co-operative. They accompany their children to the clinic, which is always an advantage as then each stage in treatment can be explained and all the parents can assist by helping the children with home practice.

During the year, eight children have been discharged with normal speech.”

Physically Handicapped Children

45 children listed as physically handicapped were in attendance at ordinary schools. Five of them left school during the year and as far as is known have entered suitable employment.

One child improved to such an extent that her name was removed from the physically-handicapped register.

Five others were unfit to attend school and were receiving home teaching or tuition in hospital.

Nine children of pre-school age have already been noted as physically handicapped.

One boy who had been in attendance at a Residential Special School left during the year and was recommended for admission to the Disabled Persons Register. So far he has not succeeded in obtaining suitable employment.

One girl who attended a Residential Special School for the Physically Handicapped attended an initial training course in England preparatory to a Ministry of Labour vocational training scheme. She was withdrawn after some months as she was not considered to be trainable to a standard which would enable her to obtain full employment.

Six children suffering from diabetes were in attendance at ordinary schools. One of these children as a result of this disease unfortunately died at the end of the year.

Isle of Man Education Authority

MEDICAL INSPECTION & TREATMENT

Return for Year ended 31st December, 1963

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
		(3)	(4)	(5)	(6)
(1)	(2)	(3)	(4)	(5)	(6)
1959 and later	17	17	100.00	—	—
1958	515	515	100.00	—	—
1957	77	77	100.00	—	—
1956	15	15	100.00	—	—
1955	473	473	100.00	—	—
1954	69	69	100.00	—	—
1953	17	17	100.00	—	—
1952	10	10	100.00	—	—
1951	557	557	100.00	—	—
1950	21	21	100.00	—	—
1949	15	15	100.00	—	—
1948	484	484	100.00	—	—
1947 and earlier	11	11	100.00	—	—
TOTAL ...	2,281	2,281	100.00	—	—

**TABLE B — PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODIC MEDICAL INSPECTIONS**

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (by year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual Pupils
(1)	(2)	(3)	(4)
1959 and later	1	2	3
1958	14	42	51
1957	1	7	7
1956	—	—	—
1955	37	26	58
1954	6	3	8
1953	—	1	1
1952	2	1	2
1951	58	23	76
1950	2	2	4
1949	5	—	5
1948	70	23	89
1947 and earlier	4	—	4
TOTAL ...	200	130	308

TABLE C — OTHER INSPECTIONS

Number of Special Inspections ...	433
Number of Re-inspections	4,430
Total ...	4,863

TABLE D — INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	32,946
(b) Total number of individual pupils found to be infested	150
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 86 (2) Education Act, Isle of Man, 1949)	Nil
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 86 (3) Education Act, Isle of Man, 1949)	Nil

**PART II — DEFECTS FOUND BY MEDICAL INSPECTION DURING
THE YEAR ENDED 31st DECEMBER, 1963**

TABLE A — PERIODIC INSPECTIONS

Defect Code Number (1)	Defect or Disease (2)		Entrants	Leavers	Others	Total
4	Skin	T	5	3	4	12
		O	11	8	24	43
5	Eyes—					
	(a) Vision	T	15	74	111	200
		O	9	19	75	103
	(b) Squint	T	8	—	7	15
		O	11	1	18	30
	(c) Other	T	1	3	4	8
		O	4	5	23	32
6	Ears—					
	(a) Hearing	T	2	1	—	3
		O	5	2	11	18
	(b) Otitis Media	T	—	—	—	—
		O	5	2	5	12
	(c) Other	T	1	3	3	7
		O	14	9	21	44
7	Nose and Throat	T	6	—	11	17
		O	87	15	127	229
8	Speech	T	5	—	12	17
		O	10	6	15	31
9	Lymphatic Glands	T	—	—	—	—
		O	26	—	34	60
10	Heart	T	—	1	1	2
		O	36	9	39	84
11	Lungs	T	—	—	2	2
		O	18	7	35	60
12	Developmental—					
	(a) Hernia	T	2	—	1	3
		O	4	1	5	10
	(b) Other	T	—	—	1	1
		O	3	3	17	23
13	Orthopædic—					
	(a) Posture	T	—	1	1	2
		O	1	8	15	24
	(b) Feet	T	9	3	17	29
		O	31	16	78	125
	(c) Other	T	4	5	7	16
		O	15	10	32	57
14	Nervous System—					
	(a) Epilepsy	T	1	—	—	1
		O	1	2	2	5
	(b) Other	T	—	1	—	1
		O	10	2	8	20
15	Psychological—					
	(a) Development	T	—	—	—	—
		O	10	15	33	58
	(b) Stability	T	—	—	—	—
		O	9	3	18	30
16	Abdomen	T	—	2	1	3
		O	4	6	13	23
17	Other	T	8	11	22	41
		O	14	8	46	68

T — Pupils found to require treatment : O — Pupils found to require observation

TABLE B — SPECIAL INSPECTIONS

Defect Code Number (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	25	2
5	Eyes—		
	(a) Vision	26	4
	(b) Squint	7	2
	(c) Other	21	7
6	Ears—		
	(a) Hearing	7	1
	(b) Otitis Media	2	1
	(c) Other	20	1
7	Nose and Throat	38	4
8	Speech	4	1
9	Lymphatic Glands	—	3
10	Heart	—	3
11	Lungs	1	5
12	Developmental—		
	(a) Hernia	—	—
	(b) Other	—	4
13	Orthopædic—		
	(a) Posture	1	1
	(b) Feet	16	6
	(c) Other	47	12
14	Nervous System—		
	(a) Epilepsy	1	1
	(b) Other	1	7
15	Psychological—		
	(a) Development	4	2
	(b) Stability	2	7
16	Abdomen	5	9
17	Other	12	12

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

TABLE A — EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	450
Errors of refraction (including squint)	671
Total ...	1,121
Number of pupils for whom spectacles were prescribed	286

TABLE B — DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	2
(b) for adenoids and chronic tonsilitis	59
(c) for other nose and throat conditions	15
Received other forms of treatment	237
Total ...	313
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1963	3
(b) in previous years	5

TABLE C — ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	118
(b) Pupils treated at school for postural defects ...	Not known

TABLE D — DISEASES OF THE SKIN
(excluding uncleanliness for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm — (a) Scalp	—
(b) Body	8
Scabies	—
Impetigo	4
Other skin diseases	285
Total ...	297

TABLE E — CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	—

TABLE F — SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists,.....	40

TABLE G — OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	4,095
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	361
(d) Other than (a), (b) and (c) above	—
Total (a) - (d) ...	4,456

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1963

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:—			
(a) At Periodic Inspections	5,829	}	Total (1) 6,888
(b) As Specials	1,059		
(2) Number found to require treatment			4,862
(3) Number offered treatment			3,379
(4) Number actually treated			3,320
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)			12,063
(6) Half days devoted to :			
(a) Periodic (School) Inspection	55	}	Total (6) 1,773
(b) Treatment	1,718		
(7) Fillings :			
(a) Permanent Teeth	6,745	}	Total (7) 7,649
(b) Temporary Teeth	904		
(8) Number of Teeth Filled :			
(a) Permanent Teeth	6,130	}	Total (8) 6,811
(b) Temporary Teeth	681		
(9) Extractions :			
(a) Permanent Teeth	936	}	Total (9) 4,634
(b) Temporary Teeth	3,698		
(10) Administration of general anaesthetics for extraction			997
(11) Orthodontics :			
(a) Cases commenced during the year			43
(b) Cases brought forward from previous year			54
(c) Cases completed during the year			54
(d) Cases discontinued during the year			9
(e) Pupils treated by means of appliances			62
(f) Removable appliances fitted			57
(g) Fixed appliances fitted			7
(h) Total attendances			882
(12) Number of pupils supplied with artificial teeth			48
(13) Other operations :			
(a) Permanent Teeth	11,234	}	Total (13) 12,561
(b) Temporary Teeth	1,327		

